

		FOR OFF USE					

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2005  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2005)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038000

Facility Name: Alden Town Manor Rehab & HCC

Address: 6120 West Ogden Cicero 60804  
Number City Zip Code

County: Cook

Telephone Number: (773) 286 - 3883 Fax # (773) 286 - 3743

IDPA ID Number: 36-3695814

Date of Initial License for Current Owners: 09/16/92

Type of Ownership:

VOLUNTARY,NON-PROFIT  
Charitable Corp.  
Trust  
IRS Exemption Code

X PROPRIETARY  
Individual  
Partnership  
Corporation  
X "Sub-S" Corp.  
Limited Liability Co.  
Trust  
Other

GOVERNMENTAL  
State  
County  
Other

In the event there are further questions about this report, please contact:  
Name: STEVEN M. KROLL Telephone Number: (773) 286 - 3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or  
Administrator  
of Provider

(Signed) (Date)

(Type or Print Name) Joan Carl

(Title)

Paid  
Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE  
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	90,885	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	249	TOTALS	249	90,885	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,984	2,147	11,091	19,222	8
9	SNF/PED					9
10	ICF	43,896	3,132	1,363	48,391	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,880	5,279	12,454	67,613	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.39%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?  
Date started 06/15/93

J. Was the facility purchased or leased after January 1, 1978?  
YES ☒ Date 06/01/92 NO ☐

K. Was the facility certified for Medicare during the reporting year?  
YES ☒ NO ☐ If YES, enter number of beds certified 64 and days of care provided 8,669

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	398,415	36,387	9,600	444,402	553	444,955	(5,126)	439,829			1
2	Food Purchase		388,288		388,288	(39,376)	348,912	(5,161)	343,751			2
3	Housekeeping	231,237	35,531		266,768	639	267,407		267,407			3
4	Laundry	46,708	18,101		64,809	62	64,871		64,871			4
5	Heat and Other Utilities			315,218	315,218		315,218	(14,800)	300,418			5
6	Maintenance	41,126	344	163,868	205,338	16	205,354	8,316	213,670			6
7	Other (specify):* Related Party salary/Security			28,368	28,368		28,368	57,386	85,754			7
8	<b>TOTAL General Services</b>	717,486	478,651	517,054	1,713,191	(38,106)	1,675,085	40,615	1,715,700			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			78,796	78,796		78,796		78,796			9
10	Nursing and Medical Records	3,297,810	221,107	78,213	3,597,130	(65,471)	3,531,659	2,124	3,533,783			10
10a	Therapy	86,756			86,756	37	86,793		86,793			10a
11	Activities	74,002	1,811	3,963	79,776		79,776		79,776			11
12	Social Services	27,529			27,529		27,529		27,529			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party salary							34,203	34,203			15
16	<b>TOTAL Health Care and Programs</b>	3,486,097	222,918	160,972	3,869,987	(65,434)	3,804,553	36,327	3,840,880			16
	<b>C. General Administration</b>											
17	Administrative	139,780			139,780		139,780		139,780			17
18	Directors Fees											18
19	Professional Services			1,020,978	1,020,978	(2,053)	1,018,925	(912,404)	106,521			19
20	Dues, Fees, Subscriptions & Promotions			73,142	73,142	(3,840)	69,302	(55,973)	13,329			20
21	Clerical & General Office Expenses	109,877	16,778	53,180	179,835	4,056	183,891	47,966	231,857			21
22	Employee Benefits & Payroll Taxes			673,539	673,539	33,095	706,634	(492)	706,142			22
23	Inservice Training & Education					31,919	31,919		31,919			23
24	Travel and Seminar			12,394	12,394		12,394	19,550	31,944			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			275,182	275,182		275,182	15,328	290,510			26
27	Other (specify):* Related Party Salary/Bad Debt			176,951	176,951		176,951	326,086	503,037			27
28	<b>TOTAL General Administration</b>	249,657	16,778	2,285,366	2,551,801	63,177	2,614,978	(559,939)	2,055,039			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,453,240	718,347	2,963,392	8,134,979	(40,363)	8,094,616	(482,997)	7,611,619			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			84,885	84,885		84,885	336,056	420,941			30
31	Amortization of Pre-Op. & Org.			9,343	9,343		9,343	4,492	13,835			31
32	Interest			218,455	218,455		218,455	700,285	918,740			32
33	Real Estate Taxes					2,053	2,053	845,895	847,948			33
34	Rent-Facility & Grounds			1,900,983	1,900,983		1,900,983	(1,900,983)				34
35	Rent-Equipment & Vehicles			24,581	24,581		24,581	33,368	57,949			35
36	Other (specify):* MIP							62,080	62,080			36
37	TOTAL Ownership			2,238,247	2,238,247	2,053	2,240,300	81,193	2,321,493			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		529,642	687,154	1,216,796	38,310	1,255,106	(301,116)	953,990			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		(224)		(224)		(224)	224				41
42	Provider Participation Fee			136,328	136,328		136,328		136,328			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		529,418	823,482	1,352,900	38,310	1,391,210	(300,892)	1,090,318			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,453,240	1,247,765	6,025,121	11,726,126		11,726,126	(702,696)	11,023,430			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(39,376)	Employee Meal
	22	39,376	Employee Meal
22		(6,281)	Uniforms
	1	553	Uniforms
	3	639	Uniforms
	4	62	Uniforms
	6	16	Uniforms
	10	4,758	Uniforms
	11	37	Uniforms
	21	216	Uniforms
	39	38,310	oxygen
10		(38,310)	oxygen
	23	31,919	inservice training
10		(31,919)	inservice training
	33	2,053	real estate taxes adjustment
19		(2,053)	real estate taxes adjustment
	21	1,440	employee background check
20		(1,440)	employee background check
	21	2,400	eHealth Data Solutions
20		(2,400)	eHealth Data Solutions
		(0)	Net should be 0

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.  
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,451	30		9
10	Interest and Other Investment Income	(65)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,541)	2		13
14	Non-Care Related Interest	(64,956)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,666)	21		17
18	Fines and Penalties	(3,501)	32		18
19	Entertainment	(94)	20		19
20	Contributions	(10,754)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,406)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(176,951)	27		24
25	Fund Raising, Advertising and Promotional	(41,426)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (299,909)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the  
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(329,619)		34
35	Other- Attach Schedule See pg 5a	(73,168)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (402,787)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (702,696)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3  
and 4? If so, they should be reclassified into Section E. Please  
reference the line on which they appear before reclassification.  
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	late fees on utilities	\$ (18,315)	5	1
2	Gift Shop expense credit eliminated (GL6944)	224	41	2
3	Intercompany interests (GL7031)	(34,236)	32	3
4	Park Rental (GL4977)	(2,711)	6	4
5	Medical records (GL4977)	(2,112)	21	5
6	Wage Service Fee (GL4977)	(492)	22	6
7	Blackman Kallick Vendor settlements	(2,868)	21	7
8	Blackman Kallick Vendor settlements	2,868	19	8
9	Eliminate 32.97% of IHCA Pac Fees	(4,004)	20	9
10	Correct Deprec Exp for Unadjusted Ytd Def. Maint.	(613)	6	10
11	Eliminate OD charge for Cic. Assoc. related party	(206)	19	11
12	Correct Deprec Exp for Unadjusted Ytd Exp.	11,048	30	12
13	Eliminate Chamber of Commerce fee (gl6825)	(400)	20	13
14	Eliminate Rent cost from related party	(12,904)	34	14
15	Eliminate refundable legal fees	(2,468)	19	15
16	Eliminate Reputation Partners - public relations	(5,979)	19	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(73,168)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(1,541)	0	0	(3,620)	0	0	0	0	0	0	0	(5,161)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(18,315)	0	3,515	0	0	0	0	0	0	0	0	(14,800)	5
6	Maintenance	(3,324)	0	10,467	0	0	0	1,173	0	0	0	0	8,316	6
7	Other (specify):*	0	0	52,692	4,694	0	0	0	0	0	0	0	57,386	7
8	TOTAL General Services	(23,180)	0	66,674	(4,052)	0	0	1,173	0	0	0	0	40,615	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	3,834	(1,710)	0	0	0	0	0	0	2,124	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	34,203	0	0	0	0	0	0	0	0	34,203	15
16	TOTAL Health Care and Programs	0	0	34,203	3,834	(1,710)	0	0	0	0	0	0	36,327	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,191)	4,200	(900,413)	0	0	0	0	0	0	0	0	(912,404)	19
20	Fees, Subscriptions & Promotions	(56,678)	0	705	0	0	0	0	0	0	0	0	(55,973)	20
21	Clerical & General Office Expenses	(9,646)	1,572	36,926	9,400	9,714	0	0	0	0	0	0	47,966	21
22	Employee Benefits & Payroll Taxes	(492)	0	0	0	0	0	0	0	0	0	0	(492)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	19,550	0	0	0	0	0	0	0	0	19,550	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	15,035	293	0	0	0	0	0	0	0	0	15,328	26
27	Other (specify):*	(176,951)	0	478,316	13,910	10,811	0	0	0	0	0	0	326,086	27
28	TOTAL General Administration	(259,958)	20,807	(364,623)	23,310	20,525	0	0	0	0	0	0	(559,939)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(283,138)	20,807	(263,746)	23,092	18,815	0	1,173	0	0	0	0	(482,997)	29



STATE OF ILLINOIS

Summary B

Facility Name & ID Number     Alden Town Manor Rehab & HCC     #     0038000     Report Period Beginning:     01/01/2005     Ending:     12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	25,499	289,022	19,674	0	1,861	0	0	0	0	0	0	336,056	30
31	Amortization of Pre-Op. & Org.	0	2,603	1,889	0	0	0	0	0	0	0	0	4,492	31
32	Interest	(102,758)	716,355	82,467	0	1,825	2,396	0	0	0	0	0	700,285	32
33	Real Estate Taxes	0	828,402	16,779	0	714	0	0	0	0	0	0	845,895	33
34	Rent-Facility & Grounds	(12,904)	(1,888,079)	0	0	0	0	0	0	0	0	0	(1,900,983)	34
35	Rent-Equipment & Vehicles	0	0	33,368	0	0	0	0	0	0	0	0	33,368	35
36	Other (specify):*	0	62,080	0	0	0	0	0	0	0	0	0	62,080	36
37	TOTAL Ownership	(90,163)	10,383	154,177	0	4,400	2,396	0	0	0	0	0	81,193	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(139,459)	(53,771)	(107,886)	0	0	0	0	0	(301,116)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	224	0	0	0	0	0	0	0	0	0	0	224	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	224	0	0	(139,459)	(53,771)	(107,886)	0	0	0	0	0	(300,892)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(373,077)	31,190	(109,569)	(116,367)	(30,556)	(105,490)	1,173	0	0	0	0	(702,696)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6L		See Page 6K		See Page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,888,079	Cicero Associates Limited Partnership		\$	\$ (1,888,079)	1
2	V	32	Investment Income RR	1,186	Cicero Associates Limited Partnership			(1,186)	2
3	V	19	Accounting Fees		Cicero Associates Limited Partnership		4,200	4,200	3
4	V	21	Misc Admin expenses		Cicero Associates Limited Partnership		1,572	1,572	4
5	V	33	Real estate Tax		Cicero Associates Limited Partnership		828,402	828,402	5
6	V	26	Property & Liability Insurance		Cicero Associates Limited Partnership		15,035	15,035	6
7	V	32	Interest on Mortgage note		Cicero Associates Limited Partnership		598,732	598,732	7
8	V	30	Depreciation		Cicero Associates Limited Partnership		289,022	289,022	8
9	V	31	Amortization		Cicero Associates Limited Partnership		2,603	2,603	9
10	V								10
11	V	36	Morg Insur Prem.		Cicero Associates Limited Partnership		62,080	62,080	11
12	V	32	Interest on Oper. Loss loan		Cicero Associates Limited Partnership		118,809	118,809	12
13	V								13
14	Total			\$ 1,889,265			\$ 1,920,455	\$ * 31,190	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	\$ 919,880	Alden Management Services		\$ 19,467	\$ (900,413)	15
16	V	21	Gen'l & Admin		Alden Management Services		36,926	36,926	16
17	V	5	Utilities		Alden Management Services		3,515	3,515	17
18	V	6	Repair/Mainten.		Alden Management Services		10,467	10,467	18
19	V	24	Travel/Seminar		Alden Management Services		19,550	19,550	19
20	V	26	Insurance		Alden Management Services		293	293	20
21	V	20	Dues/Subscriptions		Alden Management Services		705	705	21
22	V	30	Depreciation		Alden Management Services		19,674	19,674	22
23	V	31	Amortization		Alden Management Services		1,889	1,889	23
24	V	33	Real Estate Taxes		Alden Management Services		16,779	16,779	24
25	V	35	Rent-Equip & Vehic		Alden Management Services		33,368	33,368	25
26	V	32	Interest		Alden Management Services		82,467	82,467	26
27	V	7	Gen'l Service Salary		Alden Management Services		52,692	52,692	27
28	V	15	Health Care Salary		Alden Management Services		34,203	34,203	28
29	V	27	Gen'l & Admin Salary		Alden Management Services		478,316	478,316	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 919,880			\$ 810,311	\$ * (109,569)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	\$ 9,600	Prism Health Care Services		\$ 4,474	\$ (5,126)	15
16	V	2	Tube Feeding	26,811	Prism Health Care Services		23,191	(3,620)	16
17	V	10	Equipment Rental	3,060	Prism Health Care Services		6,894	3,834	17
18	V	39	Supplies	185,819	Prism Health Care Services		46,360	(139,459)	18
19	V	7	Dietary Salary		Prism Health Care Services		4,694	4,694	19
20	V	27	Gen & Admin Salary		Prism Health Care Services		13,910	13,910	20
21	V	21	Gen & Admin exp		Prism Health Care Services		9,400	9,400	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 225,290			\$ 108,923	\$ * (116,367)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 184,995	Forum Extended Care II		\$ 263,290	\$ 78,295	15
16	V	39	I.V.	153,236	Forum Extended Care II		22,384	(130,852)	16
17	V	39	Wound Vac	5,593	Forum Extended Care II		4,379	(1,214)	17
18	V	10	House Stock	6,976	Forum Extended Care II		6,187	(789)	18
19	V	10	Pharmacy Consultant	7,176	Forum Extended Care II		6,255	(921)	19
20	V	27	Employee Vaccination	1,292	Forum Extended Care II		1,011	(281)	20
21	V	27	G & A Salary		Forum Extended Care II		11,092	11,092	21
22	V	21	Gen'l & Admin		Forum Extended Care II		9,714	9,714	22
23	V	32	Interest		Forum Extended Care II		1,825	1,825	23
24	V	33	Real Estate Tax		Forum Extended Care II		714	714	24
25	V	30	Depreciation		Forum Extended Care II		1,861	1,861	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 359,268			\$ 328,712	\$ * (30,556)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 668,172	Community Physical Therapy		\$ 560,286	\$ (107,886)	15
16	V	32	Interest exp		Community Physical Therapy		2,396	2,396	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 668,172			\$ 562,682	\$ * (105,490)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 50,030	Alden Bennett Constructions		\$ 51,203	\$ 1,173	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 50,030			\$ 51,203	\$ * 1,173	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Waterford	Aurora
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



Town Manor  
2005 Cost Report

<u>NAMES OF OWNERS</u>	<u>OWNERSHIP %s</u>
Stuart Goldsand	7.07
Julian Bailes MD	2.02
Aaron Carl	1.01
Lu Sezenov	6.06
Mildred Schlossberg	10.10
Ronald Eaton	6.06
John Vercillo	2.02
Brett Carl	1.01
Larry Saunders	1.01
Floyd A. Schlossberg	40.91
Joan/Sam Carl	12.12
William Holway	5.05
Richard Kern	2.02
Ritchie Schullo	2.02
Randi Schullo	1.01
Ellen Frymire	0.52
	<u>100.00</u>

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief executive	40.91	131,251	2.364	5.91	salary	\$ 8,249	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin	0.00	71,274	2.364	5.91	salary	4,480	15-7	2
3	Terry Magnusson c.	Maint Supervisor	Construct/mainten	0.00	48,455	2.364	5.91	salary	3,045	7-7	3
4	Joan Carl d.	Secretary	Vice President	12.12	131,251	2.364	5.91	salary	8,249	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 24,023		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number     Alden Town Manor Rehab & HCC     #     0038000     Report Period Beginning:     01/01/2005     Ending:     2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)     YES ☒     NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization     Aldne Management Services, Inc.  
Street Address     4200 W. Peterson Ave.  
City / State / Zip Code     Chicago, IL 60646  
Phone Number     ( 773 ) 286 - 3883  
Fax Number     ( 773 ) 286 - 3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		See Page 8A (also on Page 6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge		X	Mortgage	\$58,980.00	1/2003	\$ 10,617,600	\$ 10,195,437	12/2037	5.7800	\$ 598,732	1	
2	Cambridge		X	Operating Loss Loan	\$11,691.00	1/2003	2,104,700	2,021,016	10/2038	5.7800	118,809	2	
3	Leumi		X	Working Capital	\$26,250.00	7/30/2004	1,800,000	1,745,709	5/31/2005	4.7500	115,762	3	
4												4	
5												5	
	Working Capital												
6	Related Party - FECII			working capital							1,825	6	
7	Related Party - CPT			working capital							2,396	7	
8	Related Party - AMS & other			working capital							82,467	8	
9	TOTAL Facility Related				\$96,921.00		\$ 14,522,300	\$ 13,962,162			\$ 919,991	9	
	B. Non-Facility Related*												
10	Offset Cicero Assoc interest expense with interest income on Repl reserve										(1,186)	10	
11												11	
12	Interest income on corporation										(65)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,251)	14	
15	TOTALS (line 9+line14)						\$ 14,522,300	\$ 13,962,162			\$ 918,740	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 62,080 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																						
1. Real Estate Tax accrual used on 2004 report.				\$	777,0001																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	791,8552																			
3. Under or (over) accrual (line 2 minus line 1).				\$	14,8553																			
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	815,6004																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$	5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>				\$	6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	830,4557																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:		2000	677,830	8	<table><tr><td colspan="3">FOR OHF USE ONLY</td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2004</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table>	FOR OHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2004	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR OHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
		2001	715,626	9																				
		2002	712,289	10																				
		2003	753,936	11																				
		2004	815,611	12																				
accrual based on 3% increase over prior year bill																								

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Town Manor Rehab & HCC

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0038000

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

(773) 286 - 3883

FAX #:

(773) 286 - 3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)		(B)	(C)	(D)
Tax Index Number		Property Description	Total Tax	<u>Tax</u> Applicable to Nursing Home
1.	<u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,743.51</u>	\$ <u>1,743.51</u>
2.	<u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,743.51</u>	\$ <u>1,743.51</u>
3.	<u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>65,594.75</u>	\$ <u>65,594.75</u>
4.	<u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>91,536.29</u>	\$ <u>91,536.29</u>
5.	<u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>341,705.10</u>	\$ <u>341,705.10</u>
6.	<u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>153,393.19</u>	\$ <u>153,393.19</u>
7.	<u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,400.86</u>	\$ <u>64,400.86</u>
8.	<u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,808.24</u>	\$ <u>64,808.24</u>
9.	<u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,517.96</u>	\$ <u>3,517.96</u>
10.	<u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,411.80</u>	\$ <u>3,411.80</u>
TOTALS			\$ <u>791,855.21</u>	\$ <u>791,855.21</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates    RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Town Manor Rehab & HCC

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

0038000

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

(773) 286 - 3883

FAX #:

(773) 286 - 3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D)
				<u>Tax</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
				<u>Nursing Home</u>
1.		Totals from Page 10A	\$ 791,855.21	\$ 791,855.21
2.	16-32-116-006-0000	Nusing home fac - parking lot	\$ 1,659.12	\$ 1,659.12
3.	16-32-116-007-0000	Nusing home fac - parking lot	\$ 1,353.00	\$ 1,353.00
4.	16-32-116-008-0000	Nusing home fac - parking lot	\$ 2,110.53	\$ 2,110.53
5.	16-32-116-009-0000	Nusing home fac - parking lot	\$ 2,793.45	\$ 2,793.45
6.	16-32-116-010-0000	Nusing home fac - parking lot	\$ 2,681.06	\$ 2,681.06
7.	16-32-116-011-0000	Nusing home fac - parking lot	\$ 2,307.43	\$ 2,307.43
8.	See Attached	Related Party - Forum	\$ 15,792.00	\$ 716.00
9.	See Attached	Related Party - AMS	\$ 130,007.00	\$ 16,779.00
10.			\$	\$
		TOTALS	\$ 950,558.80	\$ 822,254.80

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195

B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☐ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3



Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2005 Ending: 12/31/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6	249		1992	1992	9,104,204	289,022	30	303,473	14,451	3,927,696	6
7											7
8	related party-forum			1978	14,541		25			14,541	8
	Improvement Type**										
9	Window glass repair			1992	1,600		10			1,600	9
10	CSI - boiler repair			1994	3,268		3			3,268	10
11	Tower cleaners - drapery			1995	1,557		5			1,557	11
12	Bartlett heating -pipe insulation			1995	3,700	247	15	247		2,549	12
13	CSI - a/c repair			1995	4,093	409	10	409		4,093	13
14	CSI - a/c repair			1995	4,027	403	10	403		4,027	14
15	CSI - pipe insulation			1995	1,981	132	15	132		1,408	15
16	CSI - chiller HVAC			1996	6,042	604	10	604		5,790	16
17	The floor source - carpet installation			1996	5,345	534	10	534		5,166	17
18	Ward door specialist, Inc. - metal door			1996	1,385	92	15	92		877	18
19	Shalom landscaping - planting			1996	8,000	800	10	800		8,000	19
20	The floor source - carpet installation			1996	6,049	605	10	605		5,646	20
21	Bartlett heating -pipe insulation			1996	18,526	1,235	15	1,235		12,762	21
22	Over charged by Bartlett			1996	(10,500)	(1,400)		(1,400)		(10,500)	22
23	Alden Bennett const. - heating, vent , a/c			1996	69,300	3,465	20	3,465		32,629	23
24	Alden Bennett construction - sanitary sewer lift station			1996	23,921	1,196	20	1,196		11,263	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor			1996	10,931	547	20	547		5,193	25
26	Misco shawnee, Inc. - tile			1996	9,232	462	20	462		4,347	26
27	Misco shawnee, Inc. - tile			1996	9,020	451	20	451		4,247	27
28	General parts - repair dishwasher			1997	2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced			1997	2,085		5			2,085	29
30	Climate - freeon into a/c			1997	6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door			1997	3,180		5			3,180	31
32	A&B cable - outlets installation			1997	11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation			1997	24,366	1,218	20	1,218		11,167	33
34	ABC - hvac repairs			1998	39,300	1,965	20	1,965		15,229	34
35	ABC - sanitary sewer lift station			1998	1,259	63	20	63		488	35
36	Coit drapery			1998	12,976		5			12,976	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2005 Ending: 12/31/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$ 327	10	\$ 327	\$	\$ 2,451	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703	370	10	370		2,746	38
39	CSI - replace diffusers, bower motor	1998	7,571	757	10	757		5,552	39
40	Kraft paper - extractor	1998	2,071	138	15	138		978	40
41	Kraft paper - extractor	1999	10,000	1,000	10	1,000		6,500	41
42	New horizons - phone system	1999	3,332	333	10	333		2,082	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		834	43
44	Chicago cooling corp - cleaned condensor	1999	1,483	148	10	148		989	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230	260	5	260		2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		719	46
47	Climater service - repair roooftop exhaust	1999	1,864	186	10	186		1,149	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		2,129	48
49	ABC - excavation work	1999	2,571	257	10	257		1,628	49
50	Alden design	2000	9,940	994	10	994		5,384	50
51	ABC	2000	8,502	850	10	850		4,959	51
52	Fox valley fire & safety	2000	1,887	189	10	189		1,085	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		1,245	53
54	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(1,435)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		622	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		1,607	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		5,953	59
60	Patten (service elevator)	2001	1,547	77	20	77		386	60
61	Patten (water pump)	2001	2,325	116	20	116		571	61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		1,827	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		636	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		1,143	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		420	65
66	GT mech (boiler repairs)	2001	4,701	940	5	940		4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037	607	5	607		2,986	67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		1,828	68
69	The Floor Source (new carpet + labor cost)	2001	13,180	2,636	5	2,636		13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,533,272	\$ 316,011		\$ 330,462	\$ 14,451	\$ 4,191,440	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning:

01/01/2005 Ending: 12/31/2005

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,533,272	\$ 316,011		\$ 330,462	\$ 14,451	\$ 4,191,440	1
2	Alden Bennett Construction (time and material billing)	2001	3,177	635	5	635		2,859	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		600	3
4	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		3,318	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303	1,261	5	1,261		5,253	5
6	CSI Coker -- (booster heater)	2002	1,616	539	3	539		2,110	6
7	CSI Coker -- (dishwasher repair)	2002	1,444	481	3	481		1,764	7
8	Washtown equipment(motor & valve)	2002	1,577	526	3	526		2,016	8
9	CSI Coker -- (steam table)	2002	528	106	5	106		388	9
10	CSI Coker -- (steamer)	2002	1,325	265	5	265		972	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		971	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662	532	5	532		1,863	12
13	CSI Coker (dishwasher repair)	2003	3,128	1,043	3	1,043		3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		496	14
15	CSI Coker (dishwasher repair)	2003	2,248	749	3	749		1,811	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		233	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		1,406	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		525	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		4,624	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		294	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222	244	5	244		488	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915	383	5	383		766	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640	547	3	547		1,003	23
24	CSI Coker (steamer repairs)	2004	1,958	392	5	392		686	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000	400	5	400		667	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703	541	5	541		901	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		842	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs	2004	4,064	813	5	813		1,219	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682	336	5	336		672	29
30	System Electric (Parking lot Poles repairs)	2004	3,960	792	5	792		1,056	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685	112	15	112		140	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		555	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		222	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,645,933	\$ 332,604		\$ 347,055	\$ 14,451	\$ 4,235,289	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,718,115	\$ 341,811		\$ 356,262	\$ 14,451	\$ 4,244,548	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30	Parking Lot	1994	334,637	11,640	25	11,640		160,626	30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		\$ 10,133,988	\$ 356,057		\$ 370,508	\$ 14,451	\$ 4,465,314	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$302,593	\$37,475	\$37,475	\$	various	\$139,879	71
72	Current Year Purchases	18,022	1,882	1,882		various	1,882	72
73	Fully Depreciated Assets	1,102,130	999	999		various	1,102,130	73
74								74
75	TOTALS	\$1,422,745	\$40,356	\$40,356	\$		\$1,243,891	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related party - AMS	various: bus/autos	1998-2004	\$4,706	\$111	\$111	\$		\$4,638	76
77	Midwest Transit	Bus/Passenger	2001	49,826	9,965	9,965		5	49,826	77
78										78
79										79
80	TOTALS			\$54,532	\$10,076	\$10,076	\$		\$54,464	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$12,748,525	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$406,490	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$420,941	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,763,668	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related Party-rent expense eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.☐ YES☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease.

9. Option to Buy:☐ YES☐ NO Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$15,883 Description:office equip & copy machine  
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS	Various	\$#####	\$33,368	17
18	Auto Lease	Various	797.83	9,574	18
19					19
20					20
21	TOTAL		\$#####	\$42,942	21

10. Effective dates of current rental agreement:

Beginning6/30/02

Ending6/29/12

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/06	\$1,245,971
13.	12/31/07	\$1,245,971
14.	12/31/08	\$1,245,971

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐

YES

☒

NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

Skilled nurses are on site.

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.



XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2		3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	297,971	\$		\$	297,971	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				27,341				27,341	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				345,265				345,265	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Page 16A	# of prescrpts					263,291			263,291	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)											
10			hrs									10
11	Academic Education		hrs									11
12	Exceptional Care Program											12
13	Other (specify): CPT	See Page 16A					(107,887)	128,010			20,122	13
14	TOTAL			\$		\$	562,690	\$	391,301	\$	953,990	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (138,645)	\$ (112,355)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 179,521 )	2,613,340	2,613,340	3
4	Supply Inventory (priced at )	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,011	6
7	Other Prepaid Expenses	5,630	5,630	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties/escrows	133,766	913,149	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,635,577	\$ 3,452,260	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	298,895	298,895	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	704,955	704,955	15
16	Equipment, at Historical Cost	439,717	1,389,632	16
17	Accumulated Depreciation (book methods)	(667,966)	(5,531,127)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec CIP/refinanc. Fees	425	83,599	22
23	Other(specify): Due from affiliates-long term		794,028	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 776,026	\$ 7,981,445	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 3,411,603	\$ 11,433,705	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,664,667	\$ 1,664,667	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	260,320	260,320	28
29	Short-Term Notes Payable	1,745,709	1,883,310	29
30	Accrued Salaries Payable	435,920	435,920	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,594	22,594	31
32	Accrued Real Estate Taxes(Sch.IX-B)		815,600	32
33	Accrued Interest Payable	625,367	684,872	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accr Insur, exps, IDPA, Sales Tax	440,083	440,083	36
37	Due to affiliates	369,946		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 5,564,606	\$ 6,207,366	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	811,950	2,832,966	39
40	Mortgage Payable		10,195,437	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 811,950	\$ 13,028,403	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 6,376,556	\$ 19,235,769	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (2,964,953)	\$ (7,802,064)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 3,411,603	\$ 11,433,705	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,429,791)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,429,791)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(535,162)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (535,162)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,964,953)	24 *

\* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,922,596	1
2	Discounts and Allowances for all Levels	( )	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,922,596	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	115,644	6
7	Oxygen	34,574	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 150,218	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	686	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,236	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,720	19
20	Radiology and X-Ray		20
21	Other Medical Services	79,746	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 86,388	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	65	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 65	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See pg 19A	31,697	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 31,697	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,190,964	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,713,191	31
32	Health Care	3,869,987	32
33	General Administration	2,551,801	33
	B. Capital Expense		
34	Ownership	2,238,247	34
	C. Ancillary Expense		
35	Special Cost Centers	1,216,572	35
36	Provider Participation Fee	136,328	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,726,126	40
41	Income before Income Taxes (line 30 minus line 40)**	(535,162)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (535,162)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Detail of Other Income

Recovery of bad debts	1,106
Prior year accounts payable adjustments	25,277
Miscellaneous Income:	
Parking	2,400
Fees/Finance charges	1,652
Food credit	786
Medical records	95
Misc Payroll costs	381
Total to page 19, Line 28	31,697

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,548	1,612	\$ 63,548	\$ 39.42	1
2	Assistant Director of Nursing	1,987	2,067	68,436	33.11	2
3	Registered Nurses	30,349	31,915	956,249	29.96	3
4	Licensed Practical Nurses	28,910	30,582	705,128	23.06	4
5	CNAs & Orderlies	99,645	108,098	1,325,970	12.27	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,518	1,846	23,577	12.77	8
9	Activity Director	1,936	2,025	38,223	18.88	9
10	Activity Assistants	3,680	4,088	35,779	8.75	10
11	Social Service Workers	1,572	1,748	27,529	15.75	11
12	Dietician					12
13	Food Service Supervisor	1,856	1,928	42,353	21.97	13
14	Head Cook	3,498	4,097	47,071	11.49	14
15	Cook Helpers/Assistants	31,528	33,657	308,991	9.18	15
16	Dishwashers					16
17	Maintenance Workers	1,872	2,040	41,126	20.16	17
18	Housekeepers	22,479	23,983	231,237	9.64	18
19	Laundry	4,943	5,278	46,708	8.85	19
20	Administrator	1,872	2,000	78,613	39.31	20
21	Assistant Administrator	1,960	2,080	61,168	29.41	21
22	Other Administrative	2,216	2,472	61,874	25.03	22
23	Office Manager	1,848	2,080	26,870	12.92	23
24	Clerical	2,825	2,937	21,133	7.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,531	2,700	74,634	27.64	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,880	1,959	25,294	12.91	31
32	Other Health C: Clin Supp Superv	1,960	2,016	63,179	31.34	32
33	Other(specify) Alzheimers Care	6,026	6,461	78,550	12.16	33
34	TOTAL (lines 1 - 33)	260,439	279,669	\$ 4,453,240 *	\$ 15.92	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 9,600	1-3	35
36	Medical Director	7,166/mo	85,996	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/mo	5,976	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	8	480	11-3	44
45	Social Service Consultant	4	234	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	12	\$ 102,286		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses		n/a		51
52	Certified Nurse Assistants/Aides		n/a		52
53	TOTAL (lines 50 - 52)		\$		53

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberAlden Town Manor Rehab & HCC# 0038000Report Period Beginning:01/01/2005Ending:12/31/2005Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

M. Villagania

Administrator

0

78,780

J. Greco

Administrator

0

61,000

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 139,780

B. Administrative - Other

Description

Amount

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

C. Professional Services

Vendor/Payee

Type

Amount

AMS

Management Fee

919,880

BDO Seidman

Accounting Fees

8,107

Ken Fisch

Legal Fees

16,093

Barry Greenburg/J. Hermann

Legal Fees

4,173

Il. Assoc. HealthCare

Union Consultant

6,848

Neal, Gerber, Eisenber

Union Consultant

12,730

AMS / Esquire Deposition

Legal Fees-May'05 bill

377

AMS

Consulting (Mgmnt)Aug'05

404

Midwest Appraisal

Tax Appeal/Assessment

3,000

SMS

Blood Gluc. Billing

21,043

See attached

Various

28,324

TOTAL (agree to Schedule V, line 19, column 3)

(If total legal fees exceed \$2500 attach copy of invoices.)

\$ 1,020,978

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$ 108,303

Unemployment Compensation Insurance

98,946

FICA Taxes

334,037

Employee Health Insurance

36,520

Employee Meals

39,376

Illinois Municipal Retirement Fund (IMRF)\*

Union, Health, Welfare

49,884

Dental/Life Insur

78

Pension

29,937

Employee Relations/401k match

5,035

Tuition/Miscell/Drug Tests

3,226

Vaccinations

1,292

Income reductions-wage serv. Fees

(492)

TOTAL (agree to Schedule V, line 22, col.8)

\$ 706,142

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

716

Health Care Worker Background Check

(Indicate # of checks performed 24 )

240

IL Health Care Assn.

8,509

surety bond fees

1,570

AMS Subscriptions

1,489

Related Party - AMS

705

Sec of State fees

100

Less: Public Relations Expense

( )

Non-allowable advertising

( )

Yellow page advertising

( )

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 13,329

G. Schedule of Travel and Seminar\*\*

Description

Amount

Out-of-State Travel

\$

In-State Travel

Related Party - AMS

19,550

Auto Expenses/fees / insurance/etc

1,478

Gas

9,278

Seminar Expense

M. McClaskey

1,158

AMS billings-management & D.Byars

279

Il. H.C.Assoc.

200

Entertainment Expense

( )

(agree to Sch. V, line 24, col. 8)

TOTAL

\$ 31,944

\* Attach copy of IMRF notifications

\*\*See instructions.

Additional Professional Fees:

C. Professional Services		
Vendor/Payee	Type	Amount
Medifax/EDI, Medicom	Billing Consult.	507
Local 4	Audit Fee	3,388
AMS	Management Billings	1,437
Michal Kaplin	Expert Witness fee	2,000
Sandra Baldassano	Transcript/Legal	237
Ken Fisch	Legal Collections	10,406
Eastwood Stein	Deposition Fee	681
Reputations Partners	Public relations	5,979
Esquire Deposition Serv.	Medical Malpractise	1,559
Michael Fleisher, LCS	Legal Fees/Consultant	1,563
Diane Carole Reporting	Arbitration/Legal	569
Total to Pg 21, Section C		28,324



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Painting	6/95	\$ 13,250	3	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Painting	8/95	678	3									
3	Painting	9/95	740	3									
4	Painting	11/95	1,779	3									
5	Painting	12/95	1,315	3									
6	Painting	1/96	2,669	3									
7	Painting	2/96	1,372	3									
8	Rewiring	2/96	2,276	5									
9	Painting	3/96	1,782	3									
10	Fan	3/96	2,012	15									
11	Painting	4/96	3,472	3									
12	See page 22a	1996	20,935	3-15	809	809	809	809	484	317	317	317	317
13	See page 22a	1997	9,243	3									
14	See page 22a	1998	25,643	3	0								
15	See page 22a	1999	11,752	3	1,959	1,959							
16	See page 22a	2000	28,466	3	9,489	4,668	0						
17	See page 22a	2001	5,082	3	1,692	1,694	322	0					
18	See page 22a	2002	6,523	3	1,379	2,174	2,174	796	796				
19	See page 22a	2003	4,424	3		0	1,475	1,474	367				
20	See page 22a	2004	1,840	3			51	613	613	563			
21	Painting 2004 >\$1,500	2004	3,648	3			1,216	1,216	1,216				
22	TOTALS		\$ 143,413		\$ 15,328	\$ 11,304	\$ 4,780	\$ 3,079	\$ 1,647	\$ 317	\$ 317	\$ 317	\$ 317

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Condenser repair	4/96	2,205	10	221	221	221	221	54				
2	Painting	6/96	1,791	3									
2a	Temperature Service Co, Inc	3/96	1,407	15	94	94	94	94	94	94	94	94	94
2b	Temperature Service Co, Inc	3/96	605	15	40	40	40	40	40	40	40	40	40
3	Air conditioner repair	6/96	2,711	10	271	271	271	271	113				
4	Air conditioner repair	7/96	2,740	15	183	183	183	183	183	183	183	183	183
5	Painting	7/96	3,445	3									
6	Painting	8/96	2,111	3									
7	Painting	9/96	1,988	3									
8	Painting	11/96	1,104	3									
9	Painting	12/96	828	3									
10	Total to pg 22, line 12		20,935		809	809	809	809	484	317	317	317	317
11	Repair cooler	2/97	1,646	3									
12	Repair boiler	4/97	3,052	3									
13	Repair leak	8/97	1,550	3									
14	Repair compressor	11/97	1,414	3									
15	Repair compressor	12/97	1,581	3									
16	Total to pg 22, line 13		9,243										
17	Replace pump motor	2/98	1,719	3	0	0							
18	Replace belts on fans	4/98	2,348	3	0	0							
19	Repair boiler	7/98	2,308	3	0	0							
20	Replace actuator	12/98	1,694	3	0	0							
21	Painting	3/98	5,083	3	0	0							
22	Painting	6/98	5,415	3	0	0							
23	Painting	10/98	5,564	3	0	0							
24	Painting	12/98	1,513	3	0	0							
25	Total to pg 22, line 14		25,643		0	0	0	0	0				
26	painting>\$1,500 1999	7/99	11,752	3	3,917	1,959	0	0					
27	Total to pg 22, line 15		11,752		3,917	1,959	0	0	0	0	0	0	0
28	Climate Service Inc (repair HVAC)	1/00	1,703	3	568	0							
29	Climate Service Inc (repair HVAC)	1/00	1,970	3	657	0							
30	Capps Plumbing & Sewer (plumbing)	5/00	2,718	3	906	302	0						
31	GT Mechanical (repair HVAC)	7/00	1,898	3	633	316	0						
32	Capps Plumbing & Sewer (plumbing)	8/00	1,965	3	655	382	0						
33	Alden Bennett Construction (paintir	9/00	8,378	3	2,793	1,862	0						
34	Alden Bennett Construction (paintir	11/00	1,502	3	501	417	0						
35	paintings>\$1,500 for 2000	7/00	8,333	3	2,778	1,389	0						
36	Total to pg 22, line 16		28,466		9,489	4,668	0	0	0				
37	Alden Bennett(paint/wallcover)	11/00	(1,502)	3	(501)	(501)	-1						
38	Capps(booster system)	1/01	2,705	3	902	902	0						
39	Coker(boiler)	4/01	3,879	3	1,293	1,293	323	0					
40	Total to pg 22, line 17		5,082		1,694	1,694	322	0	0				
41	GT Mechanical(tower pump)	5/02	1,374	3	305	458	458	153					
42	GT Mechanical(hvac repair)	5/02	2,617	3	582	872	872	291					
43	F.E Moran (smoke detection)	6/02	2,532	3	492	844	844	352					
44	Total to pg 22, line18		6,523		1,379	2,174	2,174	796	0				
45	Alden Bennett Const.(wall covering	Dec-02	2,654	3		885	885	884					
46	D L Louch Wallcovering (painting)	8/03	972	3		135	324	324	189				
47	D L Louch Wallcovering (painting)	9/03	799	3		89	266	266	178				
48	Total to pg 22, line19		4,424		0	1,108	1,475	1,474	367				
49	Capps Plumbing(#1Berkay Unit plur	12/04	1,840	3			51	613	613	563			
50	Total to pg 22, line20		1,840		0	0	51	613	613	563	0	0	0

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. II. Health Care Assoc. \$12,513
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,666 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 136,328  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 39,376 Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes  
g. Does the facility transport residents to and from day training? no  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. Audit not required.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees